

# HIV/AIDS in Philippines and USAID Involvement

The first case of AIDS in the Philippines was reported in 1984. Since then, the epidemic has progressed slowly and today remains classified as “low level.” Overall infection rates, even among high-risk groups, are less than 1 percent. The highest HIV prevalence levels in the Philippines (up to 0.13%) have been found among female sex workers. HIV infection has been noted in all regions of the country, though it appears to be concentrated around large urban sites.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)/Philippines reported the following estimates at the end of 1999:

- 26,000 adults between 15 and 49 years were living with HIV/AIDS (prevalence: 0.07%);
- 1,300 children between 0 and 15 years were living with HIV/AIDS;
- 1,200 AIDS-related deaths occurred among both adults and children in 1999;
- An estimated 11,000 women between 15 and 49 years were living with HIV/AIDS at the end of 1999, up from an estimated 7,000 in 1997; and
- An estimated 1,500 children had lost their mother or both parents to AIDS since the beginning of the epidemic.

Although all HIV/AIDS cases must be reported to the Department of Health, estimated reporting rates are low, at about 5 percent. Data reported between January 1984 and June 2001 indicated:

- A total of 1,515 HIV/AIDS cases;
- Most HIV/AIDS cases occurred in males, with a male-to-female ratio of 3:2; and
- The majority of cases were in the 19-39 age group.

Data from the HIV/AIDS Registry of the Department of Health for the period January 1994 to June 2001 indicate that sexual transmission accounts for 83 percent of HIV/AIDS cases: 61 percent through heterosexual contact, 17 percent through homosexual contact, and 5 percent through bisexual



contact. Homosexual and bisexual transmission are thought to be severely underreported.

Perinatal transmission accounts for 1 percent of cases, and the remaining 20 percent can be traced to contaminated blood products, injecting drug use, needle pricks, or no reported mode of transmission.

Factors contributing to low prevalence of HIV infection in the Philippines include:

- Female sex workers have relatively few sexual partners;
- Filipino males have a relatively low exposure rate to female sex workers;
- Injecting drug use is not as common as in other East Asian countries;
- A high proportion of men are circumcised;
- There is a low prevalence of ulcerative sexually transmitted infections (STIs); and
- The majority of Filipinos have few sexual partners.

## NATIONAL RESPONSE

The government of the Philippines established a National AIDS Prevention and Control Program (NAPCP) in 1987. In 1995, a National HIV/AIDS Strategy was developed by the Philippine National AIDS Council (PNAC), the central advisory, planning and policy body for all HIV/AIDS prevention and control activities in the country. The National

Program's main strategies as presented in the PNAC 1999-2004 Strategic Plan are:

- Information, education, and communication: Reduce risky behavior to under 25 percent in vulnerable groups and in the general population;
- Research, surveillance, and monitoring: Establish a functional database system integrating all STI/HIV/AIDS information by 2004;
- Care and support: Provide basic health services and community-based support systems to persons with HIV/AIDS; and
- PNAC structure: Expand budget and staff allocation for successful implementation of the National Program.

The 1998 Philippine AIDS Prevention and Control Act serves as a model for HIV/AIDS-related human rights legislation. The legislation and the participatory process used for its formulation have been highlighted by UNAIDS as a "Best Practice." Highlights of the law include:

- Prohibition of compulsory testing for HIV;
- Respect of human rights, including privacy of individuals with HIV;
- Integration of HIV/AIDS education in schools from intermediate to tertiary levels;
- Provision of basic health and social services for individuals with HIV;

Key Population, Health, and Socioeconomic Indicators		
Population	76.5 million	2000 Census
Growth Rate	2.36%	2000 Census
Life Expectancy	Males: 67 Females: 72	1995 Census
Total Fertility Rate	3.7	1998 DHS
Infant Mortality Rate	35 per 1,000 live births	1998 DHS
Maternal Mortality Rate	172 per 100,000 live births	1998 DHS
GDP per capita (US\$)	828	2000 NSCB
Govt. Health Expenditure as % GDP	1.7%	2000 NSCB
Adult Literacy	Males: 95% Females: 94.3%	1996 UNESCO

- Promotion of safety and precautions in practices that carry the risk of HIV transmission; and
- Prohibition of discrimination against persons living with HIV/AIDS in the workplace, schools, hospitals, and in insurance services.

## USAID SUPPORT

Through April 2000, the **U.S. Agency for International Development (USAID)** had been the largest contributor to NAPCP. Funding for HIV/AIDS activities in FY 2001 amounts to US\$1.5 million. A key objective of the USAID program is to keep HIV prevalence below 3 percent in population groups most frequently practicing high-risk behavior.

Through the AIDS Surveillance and Education Project (ASEP), USAID is helping the government establish public and private sector mechanisms to monitor HIV prevalence and, through education programs, to reduce individual risk among target groups. ASEP is a 10-year project (1992-2002, US\$19.1 million) that aims to reduce STI/HIV risk behaviors and promote collaboration among non-governmental organizations (NGOs) and city health departments.

With support from USAID and the **World Health Organization/Western Pacific Regional Office**, eight Philippine cities will fund HIV/AIDS surveillance and education activities by 2002, and HIV/AIDS surveillance will be merged into a wider infectious diseases surveillance system.

Other donors supporting the government's HIV/AIDS strategy include UNAIDS, UNICEF, and UNFPA. The World Bank, European Union, Japan, Netherlands, and Australia also support HIV/AIDS programs in the Philippines.

USAID-supported NGOs include the following:

- **PATH Philippines Foundation** implements the education and behavior change components of USAID's ASEP program. PATH provides technical assistance to 23 local agencies in interpersonal counseling, mass media, and

outreach to high-risk groups. Funding for 1993-2002 totals US\$14 million.

- The **Family Health International (FHI)/IMPACT Project** supports the establishment of a national surveillance system for STIs. In partnership with the Philippines College of Public Health, FHI conducted a pre-intervention study on current STI case management skills. Other activities include conducting and disseminating findings of a population-based survey of male sexual behavior and AIDS.
- The **International HIV/AIDS Alliance** is working to enhance NGO skills in behavioral knowledge and best practices. The Alliance works through the Philippine HIV/AIDS NGO Support Program (PHANSuP) to increase the role of PHANSuP in policy and advocacy, revitalize and expand the capacity of the PNAC, and involve youth and other community members in activities to reduce their vulnerability to HIV.

## CHALLENGES

According to the Philippines Department of Health, the World Health Organization (WHO), UNAIDS, and USAID, the Philippines faces the following challenges in confronting HIV/AIDS:

- Fully implementing the new national strategic plan for the prevention and control of HIV/AIDS;
- Raising levels of condom use while taking into account some religious groups' opposition to condoms;
- Providing HIV/AIDS education to a large overseas migrant worker population;
- Coping with an illicit and mostly unregulated commercial sex industry;
- Reducing high STI prevalence and resistance to STI drugs; and
- Reducing tuberculosis rates, which are among the highest in the world.

## SELECTED LINKS AND CONTACTS

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2. **UNAIDS**, Dr. Arthur Jaucian, Country Programme Adviser, NEDA sa Makati Building, 106 Amorsolo Street, Legaspi Village, Makati City. Tel: (632) 892-0611, Fax: (632) 840-0732, E-mail: [unaids.ph@undp.org](mailto:unaids.ph@undp.org)
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